

Screening and Diagnostic Assessment Instruments¹

I. MULTI-DOMAIN SCREENING INSTRUMENTS THAT CAN BE COMPLETED BY FAMILIES OR OTHER CARE GIVERS

- Ages and Stages Questionnaire (ASQ), 2nd Edition
- Child Development Inventories (CDI)
- Parents' Evaluations of Developmental Status (PEDS)

II. MULTI-DOMAIN SCREENING INSTRUMENTS TO BE COMPLETED BY ASSESSMENT TEAM MEMBERS

- Battelle Developmental Inventory Screening Test (BDI ST)
- Bayley Infant Neurodevelopmental Screener (BI NS)
- Birth to Three Assessment and Intervention, 2nd Edition (BTAI S-2), Screening Test of Developmental Abilities
- Brigance Screens
- Denver Developmental Screening Test II (DDST-II)
- ESP: Early Screening Profiles

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- Birth to Three Assessment and Intervention, 2nd Edition (BTAI S-2), Screening Test of Developmental Abilities
- Brigance Diagnostic Inventory of Early Development, Revised (I ED)
- Developmental Assessment of Young Children (DAYC)
- The Early Learning Accomplishment Profile for Young Children (Early LAP)
- Hawaii Early Learning Profile (HELP)
- Infant-Toddler Developmental Assessment (I DA), includes Provence Profile
- Mullen Scales of Early Learning (MSEL)
- Vineland Adaptive Behavior Scales

IV. LANGUAGE (MAY INCLUDE SPEECH) INSTRUMENTS THAT CAN BE COMPLETED BY NON-SLPS

- Clinical Linguistic and Auditory Milestone Scale (CLAMS)
- CSBS-DP Caregiver Questionnaire
- The Early Language Milestone Scale (ELMS), 2nd Edition
- Infant-Toddler Checklist for Communication and Language Development
- MacArthur Communicative Developmental Inventories (CDI)

V. LANGUAGE (MAY INCLUDE SPEECH) INSTRUMENTS TO BE COMPLETED BY SLPS (AND SOMETIMES OTHER PROFESSIONALS)

- Assessing Linguistic Behaviors
- Communication and Symbolic Behavior Scales Developmental Profile (CSBS DP)
- Communication and Symbolic Behavior Scales (CSBS)
- Preschool Language Scale-4 (PLS-4)
- Receptive-Expressive Emergent Language Test - 3rd Edition (REEL-3)
- Reynell Developmental Language Scales (American version)
- The Rossetti Infant-Toddler Language Scale—A Measure of Communication and Interaction
- Sequenced Inventory of Communication Development, Revised Edition (SI CD-R)
- Test of Early Language Development (TELD-3)

| Name of Instrument | Description | Age Range | Scores | Time Frame | May be administered by |
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I. MULTI-DOMAIN SCREENING INSTRUMENTS THAT CAN BE COMPLETED BY FAMILIES OR OTHER CARE GIVERS

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| Ages and Stages Questionnaire (ASQ) - 2 nd Ed. | The Ages & Stages Questionnaire (ASQ) system is designed to be implemented in many settings & can easily be tailored to fit the needs of many families. Clear drawings & simple directions help parents indicate children's skills in language, personal-social, fine & gross motor, & cognition. The ASQ involves separate copy-able forms of ~30 items for each age range (tied to well-child visit schedule). The measure can also be used in mass mail-outs for child-find programs. Published in English, Spanish, French & Korean, other translations are in development. A video is available that demonstrates completion of the questionnaire for two children. Their family is introduced & guided through questionnaire completion by a home visitor. Viewers discover how to explain the ASQ screening process, redefine items to reflect a family's values & culture, create opportunities for child learning & development, & promote positive parent-child interaction. | Birth to 60 months | A 2 SD below the mean cut-off score is used for questionnaires at 4, 8, 12, 16, 24, 30 & 36 months A 75 developmental quotient is the cut-off for questionnaires at 6, 10, 14, 18, 22, 27 & 33 months. Scores provide guidance on which children to refer for diagnostic testing, which to provide with skill-building activities & recommend to re-screen, & which children simply to provide activities for. http://www.nectac.org/topics/earlyid/Screeningcall/AgesandStages/sld001.htm | ~ 15 - 20 minutes, less if parents complete independently | Parents; home visitors; other providers |
| Child Development Inventories (CDI) | Three separate instruments [the Infant Development Inventory (IDI), Early Child Development Inventory (ECDI), & the Preschool Development Inventory (PDI)] each with 60 yes-no descriptions. Items tap the better predictors of developmental status only. A 300-item assessment-level version may be useful in follow-up studies or sub-specialty clinics & produces age equivalent & cutoff scores in each domain. | 3 - 72 months; IDI for 3 - 18 months; ECDI for 18-36 months; PDI for 36-60 months | The ECDI & the PDI produce a single cutoff tied to 1.5 standard deviations. The IDI provides cutoffs for each of five developmental domains & illustrates both significantly advanced & delayed development. | ~ 10 minutes, less if parents complete independently | The CDI s can be mailed to families, completed in waiting rooms, administered by interview or by direct elicitation. |
| Parents' Evaluations of Developmental Status (PEDS) | This screening & surveillance tool provides decision support & both detects & addresses a wide range of developmental issues include behavioral & mental health problems. It promotes parent-provider collaboration & family-centered practice by relying on 10 carefully constructed questions eliciting parents' concerns. PEDS identifies, using substantial evidence, when to refer, screen further or refer for additional screening, counsel, reassure, temporize, or monitor development, behavior, & academic progress. In English, Spanish & Vietnamese with additional translations in development. | Birth to 8 years | High, moderate, & low risk for developmental & behavioral/mental health problems. A longitudinal score & interpretation form organized by the AAP's well-visit schedule remains in the medical record. Identifies when to refer, provide a second screen, counsel, reassure, temporize, or monitor development, behavior, & academic progress. | ~ 2 minutes, less if parents complete independently | Written at the 4th to 5th grade level, parents complete the measure while they wait for appointments. |

II. MULTI-DOMAIN SCREENING INSTRUMENTS TO BE COMPLETED BY ASSESSMENT TEAM MEMBERS

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| Battelle Developmental Inventory Screening Test (BDI ST) | Items use a combination of direct assessment, observation, & parental interview. The BDI ST taps a range of discrete domains including receptive & expressive language, fine & gross motor, adaptive, personal-social, & cognitive/academic. <i>The receptive language subtest appears accurate as a brief prescreen.</i> | 12 - 96 months | Yields cut-off scores and age equivalents. Cutoffs at 1.0, 1.5, & 2.0 SD below the mean, with 1.5 providing optimal sensitivity & specificity. Test also produces age equivalents; these appear deflated & thus are best used only when cutoffs fall at or below 1.5 | ~ 20 minutes | Members of multi-disciplinary evaluation teams |
| Bayley Infant Neurodevelopmental Screener (BINS) | The BINS is designed to identify infants who are developmentally delayed or who have neurological impairments. It emphasizes a process approach by considering how an ability is expressed, rather than simply whether the ability is exhibited. Each of the six item sets that comprise the BINS is appropriate for different developmental ages; each covers a 3-6 month age range. The sets contain 11 to 13 items. The four conceptual areas of ability assessed by the BINS are basic neurological functions/intactness; receptive functions; expressive functions; & cognitive process. A single form covers all age ranges & a carrying case of needed materials is provided. A videotape is also available to facilitate learning to administer the measure. The BINS is published in English only. | 3 - 24 months | Cut scores of low, moderate or high risk for each of the domains. Items are scored as optimal/non-optimal. Those performed optimally by the infant are summed, & the total score is located in relation to the cut scores to determine the infant's risk classification. | ~ 10 minutes/set | A professional with training & credentials & meeting the requirements specified by the particular test instrument or test company. |
| Birth to Three Assessment and Intervention System, 2 nd Edition (BTAS-2), Screening Test of Developmental Abilities | (See below for complete description.) The Screening Test of Developmental Disabilities consists of 85 items for identifying problems in the following areas: language comprehension, language expression, nonverbal thinking, social/personal development, and motor development. | Birth to 3 years | Norm-referenced; standard scores. | 15 minutes | |
| Brigance Screens | Nine separate forms, ~ one for each 12-month age range, the Brigance Screens tap speech-language, motor, readiness & general knowledge, & for the youngest age group, social-emotional skills. All Screens use direct elicitation & observation except the Infant & Toddler Screen, which can be administered by parent report. All Screens are available in English & Spanish. | Birth to ~ 90 months | Cutoff, age equivalents, percentiles, & quotients in motor, language, & readiness at all age levels except Infant & Toddler, which provides scores for nonverbal & communication. Overall scores generated at all age levels. | ~ 10 minutes/screen | Widely used in educational settings & often administered by paraprofessionals (a video is available to facilitate learning the test). I/T screen can be done by parent report. |
| Denver Developmental Screening Test II (DDST-II) | The purpose of the DDST-II is to screen children or possible developmental problems, to confirm suspected problems with an objective measure, to monitor children at risk for developmental problems. Performance-based and parent report items are used to screen children's development in four areas of functioning: fine motor-adaptive, gross motor, personal-social, and language skills. | From 1 month to 6 years of age | Child's exact age is calculated and marked on the score sheet. Scorer administers selected items based on where the age line intersects each functional area. The scorer can then determine if child's responses fall into or outside of the normal expected range of | Testing takes 10 to 20 minutes, on average. | Trained paraprofessionals and professionals administer the test. |

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| | There is also a testing behavior observation filled out by the test administrator. Spanish version is available. | | success on that item for the child's age. The number of items upon which the child scores below the expected age range determines whether the child is classified as within normal range, suspect, or delayed. Those with suspect scores are monitored by more frequent screening, while those with delayed scores are referred for further assessment. | | |
| ESP: Early Screening Profiles | A comprehensive, yet brief, multi-dimensional screening instrument for children. The ESP is a tool that uses multiple domains, settings, and sources to measure cognitive, language, motor, self-help, and social development. It also surveys the child's articulation, home environment, health history, and test behavior. The three basic components, called Profiles, are supplemented by 4 Surveys. You can administer all of the profiles and surveys-or just the ones you need. The Profiles are: Cognitive/Language, Motor, and Self-Help/Social. The 4 Surveys are: Articulation, Home, Health History, and Behavior. | 2-0 through 6-11 | Two levels to choose from) Level I - Screening indexes of one to six corresponding to standard deviation units on the normal curve; Level II -Standard scores with confidence intervals, percentile ranks, and age equivalents. | For most children, administration of the Profiles takes less than 30 minutes. The Surveys require an additional 15-20 minutes. | Early childhood specialists, preschool and kindergarten teachers. Used in Head Start programs, hospitals, clinics, and family health centers. |

III. MULTI-DOMAIN ASSESSMENT INSTRUMENTS TO BE COMPLETED BY ASSESSMENT TEAM MEMBERS

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| Battelle Developmental Inventory (BDI) | The BDI is a standardized, individually administered assessment battery of key developmental skills in children. The full BDI battery consists of 341 test items grouped into five domains: personal/social; adaptive; motor; communication; & cognitive. Data are collected by structured test format, interviews with parents, caregivers or teachers, & observation of the child in a natural setting. | Birth - 8 years | Age/Standard deviation | ~ 2 hours | The BDI is primarily designed for use by infant, preschool, & primary teachers as well as by special educators, SLPs, psychologists, adaptive PE specialists, & clinical diagnosticians. |
| Bayley Scales of Infant Development (BSID-II), 2 nd Edition. | Assesses early mental & psychomotor development in infants. BSID-II consists of three scales: mental, motor & behavior rating scale. The mental & motor scales assess the child's current level of cognitive, language, personal-social, & fine & gross motor development. The accompanying Infant Behavior rating scale qualitatively assesses the child's behavior during the testing situation, & facilitates interpretation of the mental & motor scales. | 1 to 42 months | The Scales yield a Mental Development Index & a Psychomotor Development Index, with a Mean of 100 & a SD of 16. Mental & motor ages can be estimated from the norm tables provided. | 25 - 35 minutes for children under 15 months; up to 60 minutes for children over 15 months | Verification of PhD-level degree in Psychology or Education or equivalent in related field with relevant training in assessment OR verification of licensure or certification by agency recognized by The Psychological Corporation to require training& experience in a relevant area of assessment consistent with the expectations |

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| | | | | | outlined in the 1985 <i>Standards For Educational & Psychological Testing</i> . Training available through consultants provided on state -by- state basis. |
| Birth to Three Assessment and Intervention System, 2 nd Edition (BTAI S-2) | The BTAI S-2 consists of two components. The Screening Test of Developmental Disabilities is a norm-referenced test consisting of 85 items for identifying problems in the following areas: language comprehension, language expression, nonverbal thinking, social/personal development, and motor development. Children identified as delayed can then be tested with the Comprehensive Test of Developmental Abilities (CTDA). This is a criterion-referenced measure used to identify each child's specific strengths and weaknesses and to guide the development of an instructional plan. CTDA has five subtests: language comprehension, language expression, nonverbal thinking, social/personal behaviors, and motor behaviors. Each subtest has 48 observable characteristics related to developmental behavior. | Birth to 3 years | Has norm-referenced and criterion-referenced components | 15 minutes | |
| Brigance Diagnostic Inventory of Early Development, Revised (IED) | This instrument was designed to be used in programs for infants & young children. Serves as an assessment instrument, an instructional guide, a record-keeping tracking system, a tool for developing & communicating an individualized education program, & as a resource for training parents & professionals. Different assessment methods may be used to accommodate different situations. The IED assesses more than 200 developmental, readiness, and early academic skills in 11 major skill areas: preambulatory motor, social and emotional development, gross-motor, fine-motor, readiness, self-help, basic reading, speech and language, manuscript writing, general knowledge and comprehension, and basic math | Birth to 7 Years | This is a collection of criterion-referenced tests; no normative data is presented. Scores are reported as raw scores. | This is an untimed battery of tests, and not all tests need to be given to any particular child. | The inventory offers a variety of possibilities: parent interview, teacher observation, group administration, informal appraisal of the child's performance in the school setting. |
| Developmental Assessment of Young Children (DAYC) | This is a battery of five subtests to measure different but interrelated developmental abilities. It was designed to assess five areas mandated by the IDEA: cognition, communication, social-emotional development, physical development, and adaptive behavior. DAYC has four principal uses: to identify children significantly below their peers in development, to determine specific strengths and weaknesses, to document children's progress as a result of intervention, and to use in research studies. | Birth through 5 years | Age/Standard deviation | Each subtest can be completed in ~ 10 to 20 minutes. | |
| The Early | Assessment of children in gross & fine motor, cognitive, | Birth to 36 | Forms to summarize progress of each | | Teachers or clinicians |

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| Learning Accomplishment Profile for Young Children (Early LAP) | language, self-help & social/emotional development. Spanish version available. | Months | child at beginning, middle, & end of program year are provided in scoring booklet. Each form has space to indicate skills child has achieved, ones emerging, & strategies to support skill development at home. | | |
| Hawaii Early Learning Profile (HELP) | Developed at University of HI to serve children with wide range of disabilities & diagnoses. Designed to provide a single instrument for assessment & a comprehensive picture of a child's functional levels. | Birth to 36 months | As a curriculum-based assessment, HELP is not standardized; it is used for identifying needs, tracking growth & development, & determining "next steps" (target objectives). | | used by physical, speech, & occupational therapists, early childhood educators, infant specialists, psychologists, social workers, & nurses |
| Infant-Toddler Developmental Assessment [(IDA) includes Provence Profile] | The Infant Toddler Development Assessment (IDA) is an integrated clinical process that includes a developmental profile, the Provence Birth to Three Developmental Profile (Provence Profile). The Provence Profile is intended for use within the context of the full IDA assessment, & should never be used alone. The process is designed for use by a team of two or more professionals. It consists of six phases: referral and pre-interview data gathering; initial parent interview; health review; developmental observation and assessment; integration and synthesis; and share findings, completion and report. Developmental domains measured include: gross motor, fine motor, relationship to inanimate objects, language/communication, self-help, relationship to persons, emotions and feeling states (affects), and coping behavior. These data can assist practitioners in determining whether intervention, additional consultation, or further assessment is indicated. The IDA form is available in Spanish also. | The IDA is designed to be used for children in the first 36 months of age to identify at-risk infants and toddlers. | There is a standard procedure for administration, but no normative sample or data. The Profile uses developmental scoring criteria based on normative expectations. | | team of 2 or more professionals |
| Mullen Scales of Early Learning (MSEL) | The Mullen Scales of Early Learning (MSEL) is a developmental test that assesses a young child's learning abilities & patterns. It has a strong theoretical base in neuropsychological development & information processing. The test is designed to measure a broad set of developmental processes using an intrasensory & intersensory learning model that analyzes visual & language skills at both receptive & expressive levels. A video can be used to train examiners in the use of the instrument. It features examiners at work, giving the items & relating to children. It offers tips on administering & scoring infants, toddlers & preschoolers. | 15 to 68 months of age; individually administered | Scores yield specific ability data, pinpoints strengths & weaknesses, & generates a plan for programming. | 30-45 minutes [15 minutes (1 year); 25-35 minutes (3 years); 40-60 minutes (5 years)] | A 45-minute training video is available. |
| Vineland Adaptive Behavior Scales | These scales, a revision of the Vineland Social Maturity Scale, assess personal & social sufficiency. They are applicable to people with & without disabilities. Like the original, these scales do not require the direct | Birth to adult | Standard deviation | The survey form takes ~ 45 minutes to complete; the | Both survey & expanded versions can be administered by trained psychologists & social |

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| | administration of tasks to an individual, but instead require a respondent who is familiar with the individual's behavior. There are three versions (survey, expanded & classroom); each measures adaptive behavior in four domains: communication, daily living, socialization, & motor skills. It is available in multiple languages including English, Spanish, French, Hebrew, Korean & Indonesian, among others. | | | expanded version takes approximately 90 minutes. The classroom edition takes about 20 minutes. | workers. The classroom edition is administered by a teacher. |
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IV. LANGUAGE (MAY INCLUDE SPEECH) INSTRUMENTS THAT CAN BE COMPLETED BY NON-SLPS

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| Clinical Linguistic and Auditory Milestone Scale (CLAMS) | The Cognitive Adaptive Test/Clinical Linguistic and Auditory Milestone Scale (CAT/CLAMS) was designed for use by primary pediatric health care providers to identify children with developmental delays. Consists of 25 linguistic and auditory behaviors reported on by parents during each well-child visit during child's first two years of life. Used as a predictor of cognition in infancy. | Birth to 3 | | 5 - 15 minutes | A professional with training & credentials & meeting the requirements specified by the particular test instrument or test company. (Primary health care provider) |
| CSBS-DP Caregiver Questionnaire | Part of the CSBS-DP (see below for complete description) | | | ~ 20 minutes | More detailed (than checklist, below) parent report |
| The Early Language Milestone Scale (ELMS), 2 nd Ed. | The instrument has a total of 20 items contained in three subtests: Auditory Expressive Language Development; Auditory Receptive Language Development; and Visual Language Development. It is sensitive to various causes of speech or language delay, including hearing loss, mental retardation, autism, dysarthria, and stuttering. It does not yield a specific developmental diagnosis. It is designed to identify or quantify language delay in very young children so that they may receive care as promptly as possible. The instrument may also be administered to older, developmentally delayed children whose abilities lie within the range of the scale. | Assesses language development from birth to 36 months of age and intelligibility of speech from 18 to 48 months of age. | The major change in the 2 nd edition is the option to use a point-scoring method rather than a pass/fail scoring method. This instrument has been norm-referenced and validated. | 10 - 20 minutes | Potential users of the scale include physicians, nurses, audiologists, speech pathologists, psychologists, preschool teachers, and day care workers. |
| Infant-Toddler Checklist for Communication and Language Development | Part of the CSBS-DP (see below) This checklist is designed to identify infants & toddlers who are at-risk for language & communication disorders, to determine if the child should be referred for a speech-language evaluation. The checklist covers the following areas: emotion & use of eye gaze; use of communication; use of gestures; use of sounds; understanding & use of words; & use of objects. | Between 9 & 24 months | Total score is determined by adding the item scores. | ~ 5 to 10 minutes | Brief parent or other caregiver (person who nurtures the child daily) report; the checklist may be used by pediatricians, in childcare centers or other facilities that serve infant & toddlers & their families. |
| MacArthur Communicative | Evaluates young children's communication skills with norm-referenced parent checklists. These are norm- | There are two separate | Comprehension and production scores. Month by month norms for all of the | Each form generally takes | Both forms are to be completed by the |

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| Development Inventories (CDI) | referenced instruments used to obtain information on the course of language development from children's first nonverbal gestures through the expansion of early vocabulary to the beginnings of grammar. The infant form, CDI /Words and Gestures, is used to record information on the infant's comprehension vocabulary, productive vocabulary, and use of communicative and symbolic gestures. The toddler form, CDI Words and Sentences, is designed to assess vocabulary knowledge and grammatical skills. Both forms available in Spanish. | forms: one for infants from 8 to 16 months and one for toddlers from 16 to 30 months. | words included in the English language CDI infant and toddler forms may be accessed in the following database: The Lex99 Database (http://130.191.235.141/) | 20-40 minutes to complete & 10-15 minutes to score | children's parents. |
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V. LANGUAGE (MAY INCLUDE SPEECH) INSTRUMENTS TO BE COMPLETED BY SLPS (AND SOMETIMES OTHER PROFESSIONALS)

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| Assessing Linguistic Behaviors: Assessing Prelinguistic and Early Linguistic Behaviors in Developmentally Young Children | The purpose of this test is to assess children's performance in five areas of cognitive-social and linguistic development: cognitive antecedents to word meaning, play, communicative intentions, language comprehension and language production. | 9 to 24 months | | | |
| Communication and Symbolic Behavior Scales Developmental Profile (CSBS DP) | Standardized tool designed to evaluate communication & symbolic abilities of children whose functional communication age is between 6 months & 2 years. It was designed to identify children at risk for developmental delay, delays in social communication, expressive speech/language & symbolic functioning. It may also be used to document changes over time. It consists of three components: Infant-Toddler Checklist, Caregiver Questionnaire, & Behavior Sample (face-to-face evaluation of the child). | ~ 6 months to 2 years | The cut-offs for the Composite and Total scores have been derived from the CSBS DP™ norms based on performance of at least 1.25 standard deviations below the mean, which is the bottom 10th percentile. If the Social Composite, Symbolic Composite, OR the Total Score is in the "concern" range, a child should be referred for a developmental evaluation. If only the Speech Composite is in the "concern" range, a child should be monitored carefully and if still in the "concern" range when the Checklist is re-administered in 3 months, this child should be referred for a developmental evaluation. | The checklist takes 5-10 minutes to complete. The Caregiver Questionnaire takes about 20 minutes to complete, & the Behavior Sample takes about 30 minutes to complete. | The tool should be administered by a certified SLP, early interventionist, psychologist, pediatrician, or other professional trained to assess developmentally young children. |
| Communication and Symbolic Behavior Scales (CSBS) | Eighteen scales that measure aspects of communicative behavior (including joint attention, conventional gestures, syllables with consonants, inventory of words, rate & gaze shifts) & four scales that measure symbolic development (including comprehension, inventory of action schemes, complexity of action schemes & constructive play). Two purposes of the test are early identification of children who have or are at-risk for developing a communication impairment & establishing a | 8 months to 6 years | Data are converted to scores on 20 five-point scales. | ~ 60 minutes | Assessor should have background in early communication skills & expertise in naturalistic observation of play behavior. To be administered by a certified SLP, early interventionist, |

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| | profile of communication, symbolic & social-affective functioning to provide direction for future assessment, plan intervention & monitoring of behavioral changes. Assessment is videotaped for analysis & scoring. | | | | psychologist or other professional trained to assess young children. |
| Preschool Language Scale - 4 (PLS - 4) | Newest edition PLS -4 provides developmental milestones based on the latest research. It is an individually administered test used to identify children who have a language disorder or delay. It is composed of two subscales: auditory comprehension and expressive communication. It also includes three supplemental assessments: the Language Sample Checklist, the Articulation Screener, and the <i>Caregiver Questionnaire</i> . Includes expanded coverage of language skills & new norms to obtain an even more accurate picture of a child's language skills. More items for children birth to 2:11, targeting interaction, attention, vocal gestural behaviors. | Birth through 6 years, 11 months | It yields norm-referenced test scores for the auditory comprehension and expressive communication subscales as well as for the Total Language Score. The 4 th edition differs from earlier edition by providing new norms, improving psychometric properties of the test, aligning with IDEA legislation, and new best practices in the field. | 20 - 45 minutes | It can be administered, scored and interpreted by SLPs, early childhood specialists, psychologists, educational diagnosticians and other professionals. |
| Receptive-Expressive Emergent Language Test- Third Edition (REEL-3) | The purpose of this checklist is to identify provisionally any major receptive & expressive language. Designed for use with a broad range of at-risk infants and toddlers in new multidisciplinary programs developing under IDEA. The checklist describes language-interactive behaviors that are optimal for infants and toddlers. Primary uses of the checklist are to provide descriptions of the present developmental status of young children, to assist with setting intervention goals, and to serve as a screening instrument for medically and environmentally at-risk youngsters. The REEL-3 has two core subtests, Receptive Language and Expressive Language, and a new supplementary subtest, Inventory of Vocabulary Words | Birth - 36 months | Standard scores, percentile ranks, and age equivalents are provided. | 20 minutes | Results on the checklist are obtained from a caregiver interview. MDs, SLPs, or other early childhood clinical specialists use reports to determine the effect of physical &/or environmental risks that cause primary delays in earliest speech & language development. |
| Reynell Developmental Language Scales (American version) | Designed to address the difficulties of administering tests to young or developmentally delayed children. Individually administered, the scales measure verbal comprehension & expressive language skills. Instrument has two 67-item scales. The Verbal Comprehension Scale tests receptive language skills. Two separate, fully normed versions of this scale are provided to accommodate simple oral responses for use with normally developing children, and pointing responses only for use with children who have severe oral impairment (cerebral palsy). The Expressive Language Scale provides three sets of items (structure, vocabulary, and content) focused on expressive language skill. Extensive information regarding administration and interpretation of this tool for deaf and hearing-impaired children is provided. | 1 year 0 months to 6 years 11 months | Age & standard deviation | ~ 30 minutes | A SLP with training & credentials & meeting requirements specified by the test instrument or company. |
| The Rossetti Infant-Toddler | Traditional infant & toddler assessment centered on language comprehension & language expression. This | Birth to 36 months | Subtests: ▪ Interaction-Attachment | ~ one hour | A SLP with training & credentials & meeting |

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| Language Scale- - A Measure of Communication & Interaction | criterion-referenced instrument is designed to provide the clinician with a comprehensive tool that assesses the preverbal & verbal aspects of communication & interaction in the young child. It measures interaction-attachment, pragmatics, gesture, play, language comprehension, & language expression. The results from this assessment tool reflect the child's mastery of skills in each of the areas assessed at three-month intervals. Items are included only when they are considered chronologically appropriate & developmentally discriminating. This scale promotes the family's role as a full partner & may be administered in the home, diagnostic center, school, clinic, or hospital setting. | | <ul style="list-style-type: none"> Pragmatic Development Gestural Development Play, Language Comprehension, Language Expression <p>Examiner may observe directly or elicit behavior from the child or use caregiver's report. Results reflect child's mastery of skills in each area assessed at 3-month intervals.</p> | | requirements specified by the test instrument or company. |
| Sequenced Inventory of Communication Development, Revised Edition (SICD-R) | This instrument can be used to assign communication ages and in screening broad spectrums of behavior for more intensive study or for initial management goals. The test items are the original ones in the SICD, but have been classified according to semantic-cognitive, syntactic, and pragmatic aspects of communication. The test may be given by one person, but it is easier if there is another to act as a recorder. The Receptive Scale is usually administered first, followed by the Expressive Scale. The complete test is never given to a child, but testing begins where consistent success is anticipated. The testing continues until a ceiling is reached. Behaviors included in the Receptive Scale are: awareness, discrimination, & understanding. The behaviors included in the Expressive Scale are: motor response, vocal response, verbal response, imitating behaviors, initiating behaviors, & responding behaviors. The SICD has been modified and standardized for special populations: Yup'ik Eskimo, Autistic and other difficult-to-test children, hearing impaired children. There is a Spanish translation of the instrument also. | 4 months to 4 years | Age & standard deviation | 30 - 75 minutes | A SLP with training & credentials & meeting requirements specified by the test instrument or company. |
| Test of Early Language Development (TELD-3) | The TELD-3 is an early language test that assesses receptive, expressive and overall spoken language in children. Its purpose is to identify those children who are significantly below their peers in early language development & thus may be candidates for early intervention. | 2 years to 7 years - 11 months | Subtests & scores: Receptive Language Expressive Language Spoken Language Quotient Age & standard deviation | 15 - 45 minutes | User has completed at least one course in measurement, guidance, or an appropriate related discipline or has equivalent supervised experience in test administration and interpretation. |

| Name of Instrument | Description | Age Range | Scores | Time Frame | May be administered by |
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| Kaufman Assessment Battery for Children KABC-II | An individually administered measure of the processing and cognitive abilities of children and adolescents. Measures intelligence using simultaneous and sequential mental processes. An individually administered measure of intelligence and achievement. Designed to make an important contribution to psychological, clinical, psycho-educational, and neuropsychological evaluations at all levels between preschool and high school. . | 3 – 18 years | Global Scales (Sequential Processing, Simultaneous Processing, Mental Processing Composite, Achievement, Nonverbal) standard scores ($M = 100$, $SD = 15$), percentile ranks, socio-cultural percentile ranks, and age equivalents; Mental Processing subtests--scaled scores ($M = 10$, $SD = 3$), percentile ranks, and age equivalents; Achievement subtests-- standard scores ($M = 100$, $SD = 15$), percentile ranks, socio-cultural percentile ranks, and age equivalents. Grade equivalents are also provided for Reading and Arithmetic subtests. | 25 to 55 minutes (core battery, Luria model), 35 to 70 minutes (core battery, CHC model) | Expertise in graduate level training in psychology and individual cognitive assessment required. Examiners must meet legal and professional competency requirements for administering cognitive assessments. |
| Kaufman Test of Educational Achievement KTEA-II | An individually administered measure of academic achievement. Test available in two versions: the Brief Form, which assesses the achievement domains of reading, math, and written expression; and the Comprehensive Form, which covers a wider range of achievement domains and provides in addition an analysis of students' errors. | 4 ½ - 25 years | Age- and grade-based standard scores ($M=100$, $SD=15$), age and grade equivalents, percentile ranks, normal curve equivalents (NCEs), and stanines | Comprehensive Form—(Pre K-K) 30 minutes; (Grades 1-2) 50 minutes; (Grades 3+) 80 minutes; Brief Form—(4-6 to 90) 20-30 minutes | Examiners with background in the fields of psychology or education; school or clinical psychologists, qualified special education teachers, educational diagnosticians, reading specialist, counselors, and others. |

| Name of Instrument | Description | Age Range | Scores | Time Frame | May be administered by |
|---|--|-------------------|--|--|---|
| Vineland Adaptive Behavior Scales Vineland-II | An individually administered measure of adaptive behavior. The scales are available in three versions; two survey forms, the Survey Interview Form and the Parent/Caregiver Rating Form, The Expanded Interview Form, and The Teacher Rating Form. | Birth to 90 years | Domain and Adaptive Behavior Composite—Standard scores ($M = 100$, $SD = 15$), percentile ranks, stanines, adaptive levels, age equivalents; Sub-domain—Adaptive levels, age equivalents; Interview Edition (both forms) only—Maladaptive levels for the optional Maladaptive Behavior domain and supplementary norm group percentile ranks and adaptive levels | 20 to 60 min depending on age or developmental level | Expertise in graduate level training in psychology and individual cognitive assessment required; clinical social workers, psychiatrists, pediatricians, educational diagnosticians, and others. |
| Behavior Assessment System for Children BASC-2 | A comprehensive set of rating scales and forms including the Teacher Rating Scales (TRS), Parent Rating Scales (PRS), Self-Report of Personality (SRP), Student Observation System (SOS), and Structured Developmental History (SDH). Together, they help you understand the behaviors and emotions of children and adolescents. | 2 – 25 years | T scores and percentiles, for a general population and a clinical population | 10-20 minutes (TRS and PRS), 30 minutes (SRP) | Graduate training in psychology and have received formal academic training in the administration, scoring and interpretation of behavior-rating scales and personality scales and have received supervised experience with such instruments; Most clinical, school, pediatric, counseling, neurological, and applied developmental psychologists. |
| Kaufman Brief Intelligence Test KBIT-2 | A brief, individually administered measure of the verbal and nonverbal intelligence of a wide range of children, adolescents, and adults. The test yields three scores: Verbal, Nonverbal, and the overall score, known as the IQ Composite. | 4 – 90 years | Crystallized (Verbal), Fluid (Nonverbal), IQ Composite: Standard scores ($M = 100$, $SD = 15$) and percentile ranks by age. | Standard scores ($M = 100$, $SD = 15$) and percentile ranks by age. | Educational, psychological, vocational and medical personnel. |

¹ Sources utilized include <http://www.nectac.org>, <http://www.rehab.state.tx.us/Library/>, <http://www.dbpeds.org/articles/>, <http://www.psychcorp.com>, <http://www.newassessment.org/public/assessments/SelectTool.cfm>, <http://testcollection.ets.org/cgi/swebmnu.exe?act=3&ini=TestColl>, <http://www.wa.gov/dshs/iteip/prog8.html>, <http://www.icyf.msu.edu/publicats/z5dissem/screenng.html>, <http://www.agsnet.com/>, <http://www.brookespublishing.com/store/books/fenson-cdi/index.htm>, <http://www.pbrookes.com/store/books/wetherby-csbsdp/checklist.htm>, Crais, E. (handout from 12/12-14/01 DE workshop): Assessment and intervention focused on communication skills of children birth to five.